

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		7		1			52						
3	2			1			53						
4	CD			1			54						
5	CD			1			55						
6	CD			1			56						
7	CD			1			57						
8	CD			1			58						
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45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.		↓	1	↓		↓			↓		↓		↓
TOTAL DEP.		←	7	←		←			←		←		←
TOTAL CLAIMS			8										

BEST AVAILABLE COPY